



## KY Medicaid ICD-10 837 PROFESSIONAL TRANSACTION TEST PLAN

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**Company Name:**

**Trading Partner ID:**

**Primary testing contact person:**

**Phone #:**

**Email Address:**

**HP point of contact for EDI Technical support**

- EDI Helpdesk: 800-205-4696
- Email to [KY\\_EDI\\_Helpdesk@hp.com](mailto:KY_EDI_Helpdesk@hp.com)
  - Subject line: ICD-10 testing

### TESTING TIMELINE:

DATES	TYPE OF TESTING	DESCRIPTION/IMPACT
August 18, 2014 – September 19, 2014	Focused ICD-10 Testing	HP will begin focused testing with the following areas: <ul style="list-style-type: none"><li>a. All professional provider types</li><li>b. Crossover claims</li><li>c. Atypical providers</li></ul>

## General Information:

**ICD-10 testing is scheduled to start on August 18 2014.**

**ICD-10 Effective Cutover Date for testing is 6/1/2014.**

## TESTING EXPECTATIONS

- Test transactions must contain all possible fields that are applicable to your business for ICD-10 testing. The following is a summary of the ICD-10 changes for the 837P Transactions.
  - ICD-10 diagnosis codes up to 7 characters alphanumeric (A/N)
  - Up to 12 diagnosis codes
  - Up to 4 related diagnosis pointers at up to 2 characters each (A/N)
  - ICD-10 qualifiers must be:
    - ❖ 837P Professional ICD-10 code qualifiers
      - ABK: Principal Diagnosis
      - ABF: Other Diagnosis
- It is the responsibility of the tester to submit all claim scenarios based on your business practices or those of your Kentucky Medicaid clients. For example, adjustments, voids, TPL, Medicare Crossovers, etc.
- A 999 will be available for retrieval in the same manner for each test file submitted.
- Check claim adjudication results by retrieving the Unsolicited Claim Status (277U transaction). The 277U should be available within 72 hours.
- The focused timeframe for ICD-10 testing is August 18 – September 19, 2014. It is the responsibility of the providers to submit claim files that represent your day to day operations. Testing will ensure readiness – and readiness will reduce the impact of this implementation for all parties
- The Clearinghouses and Providers have the primary responsibility for transitioning their practice and billing system to the new code sets. Completion of testing is at the Clearinghouse and Provider's discretion. Testing will eliminate errors and glitches before the October 1, 2015 ICD-10 implementation and ensure that ICD-10 claims are adjudicated appropriately. Correcting these errors after implementation will consume valuable resources and could affect reimbursement to Providers.

## Limitations

- Each test file should contain **a maximum of 2,000** test claims
- Each claim must contain valid data
- Any claim scenario can be tested, creativity is heavily suggested.

## File Naming Convention

- Each EDI ICD-10 test file, always send file in a zipped format and the file in the zip container should have a file extension. Example: <FileName>.dat. <FileName>.rpt. Further "<FileName>" standards are explained in detail below.
- All test files will be preceded with **ICD-10\_** in the file name for **all ICD-10 test files**.

## TESTING EXPECTATIONS OF HP

- Provide point of contact(s) to assist in testing
- Provide 277U Transaction

The following are suggested test scenarios but not all inclusive. The same test scenarios are expected as you require from your providers to test with you, using the same guidelines.

### Section 1 Compliance/Translator Testing

Test Case	Task	Expected outcome
	<b>Compliance/Translator Testing</b>	
1.01	Submit an 837P transaction that contains ICD-10 diagnosis codes and code qualifiers that are applicable for the ICD-10 testing. Dates of service are on or after ICD-10 effective date <b>June 1, 2014</b> A 999 will be created for retrieval	A 999 will be created acknowledging the accepted claims.
1.02	Submit an 837P claim with multiple ICD-10 diagnosis codes using a mixture of ICD-9 and ICD-10 code qualifiers.	The claim will be reported as rejected <b>This is not permitted.</b>
1.03	Submit an X12 837P transaction with ICD-10 Qualifier codes ABK or ABF and ICD9 diagnosis codes	The claim will be reported as rejected <b>This is not permitted.</b>

**Section 2 837P Claim data test scenarios related to ICD-9 and ICD-10 format/qualifiers. The test cases are not an all-inclusive list only suggestive.**

Test Case	Task	Expected outcome
	<b>Claim Data Testing</b>	
2.01	Submit an 837P file with multiple claims containing multiple ICD-10 diagnosis codes to use for replacement/void claims. Date of service on or after ICD-10 effective date.	A 999 will be created acknowledging the accepted claims.

Test Case	Task	Expected outcome
2.02	Submit an 837P ADJUSTMENT claim that has multiple ICD-10 diagnosis codes. All code qualifiers are ICD-10. Date of service on or after ICD-10 effective date.	Replacement claim processes according to KY Medicaid guidelines.
2.03	Submit an 837P VOID claim that has multiple ICD-10 diagnosis codes. All code qualifiers are ICD-10. Date of service on or after ICD-10 effective date.	Claim is voided. A 999 will be created acknowledging accepted claims.
2.04	Submit an 837P file with multiple claims containing multiple ICD-9 diagnosis codes to use for replacement/void claims. Date of service prior to ICD-10 effective date.	A 999 will be created acknowledging the accepted claims.
2.05	Submit an 837P ADJUSTMENT claim for an original 837P that had multiple ICD-9 diagnosis codes. All code qualifiers are ICD-9 and dates of service are prior to the ICD-10 effective date.  <b>For ADJUSTMENT CHANGE</b> one of the diagnosis qualifiers to ICD-10.	The claim will be reported as rejected <b>This is not permitted."</b>
2.06	Submit an 837P VOID claim that has multiple ICD-9 diagnosis codes. All code qualifiers are ICD-9. Date of service prior to ICD-10 effective date.	Claim is voided. A 999 will be created acknowledging the voided claim.
2.07	Submit an 837P with multiple ICD-10 diagnosis codes and ICD-10 code qualifiers.  Dates of service are prior to the ICD-10 effective date.	The claim will deny for– <b>Diagnosis Code is not covered for date of service.</b>

Test Case	Task	Expected outcome
2.08	Submit an 837P claim with 12 ICD-10 diagnosis codes with four related diagnosis pointers for all diagnosis codes. All code qualifiers will be ICD-10. Dates of service on or after the ICD-10 effective date.	A 999 will be created acknowledging the accepted claim. Claim will process according to KY Medicaid policy.
2.9	Submit 837P transaction with the following: * Detail 1 ICD-9 diagnosis and code qualifiers with related diagnosis pointer to ICD-9 diagnoses only. From and through date of service is prior to the ICD-10 effective date. * Detail 2 ICD-9 diagnosis codes and code qualifiers with related diagnosis pointer to ICD-9 diagnosis only. From and through date of service is prior to the ICD-10 effective date. * Detail 3 ICD-10 diagnosis codes and code qualifiers with related diagnosis pointer to ICD-10 diagnosis only. From and through date of service is on or after the ICD-10 effective date.	The claim will be reported as rejected.  Per new processing –Providers will be required to split claims out for dates of service that span before and after ICD-10 effective date. Use ICD-9 dates of service and code set for claims prior to ICD-10 effective date. Use ICD-10 dates of service and code set for claims on or after the ICD-10 effective date.
2.10	Transaction Set # 1 - Submit 837P transaction with the following: ICD-9 diagnosis and code qualifiers with related diagnosis pointer to ICD-9 diagnoses only. From and through date of service is prior to the ICD-10 effective date.  Transaction Set # 2 - Submit another 837P transaction with the following: ICD-10 diagnosis codes and code qualifiers with related diagnosis pointer to ICD-10 diagnosis only. These ICD10 codes should be the corresponding/ equivalent codes for ICD9 codes used in the claim submitted above. From and through date of service is on or after the ICD-10 effective date.	Both Transaction sets should pass with claims being submitted and paid successfully with amounts paid being the same or within the defined Financial Neutrality limit.